

## MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

**ABUELITO CHEESE**
**27220056**

1. Month of 10/08
2. Is Outlet # (8 digit) Correct? ☒ Y    N    N/A
3. Is average Total flow-gal.day stated in space provided? ☒ Y    N    N/A
4. Is max. Total flow-gal day stated in space provided? ☒ Y    N    N/A
5. Is method used to calculate water stated? ☒ Y    N    N/A
6. Are number of working days stated? ☒ Y    N    N/A
7. Are there any parameters which have exceeded PVSC Local Limits?    Y    ☒ N    N/A
8. Is proper compliance/non-compliance statement provided? ☒ Y    N    N/A
9. Have correct number of samples been submitted? ☒ Y    N    N/A
10. Has PHC result been listed on MR-1 report?    Y    N    ☒ N/A
11. Has sample number been reported in space provided? ☒ Y    N    N/A
12. Have all regulated parameters been listed on MR-1? ☒ Y    N    N/A
13. Has sample type been stated on MR-1? ☒ Y    N    N/A
14. Have all samples been taken during this reporting period? ☒ Y    N    N/A
15. Has NJDEPE certified lab been used? ☒ Y    N    N/A
16. Have analytical results been submitted on copies of Laboratory stationery? ☒ Y    N    N/A
17. Have results been written in space designated on MR-1? ☒ Y    N    N/A
18. Is correct method used to preserve samples stated on MR-1? ☒ Y    N    N/A
19. Has MR-1 been signed by authorized representative? ☒ Y    N    N/A
21. Has information been submitted on proper MR-1 form? ☒ Y    N    N/A

## MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

First Reviewer: comments on deficiencies \_\_\_\_\_

\_\_\_\_\_

Date Reviewed 12/10 Date sent to user \_\_\_\_\_Date due back \_\_\_\_\_ Reviewer TH \_\_\_\_\_

Second review comments on deficiencies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Reviewed \_\_\_\_\_ Date sent to user \_\_\_\_\_

Date due back \_\_\_\_\_ Reviewer \_\_\_\_\_

Date \_\_\_\_\_ Reviewer \_\_\_\_\_

*mark*

**PRETREATMENT MONITORING REPORT**

NAME: Abuelito Cheese

NOV 21 2008

MAILING ADDRESS: 607-609 Main Street Paterson N.J.FACILITY LOCATION: 607-609 Main Street Paterson N.J.

CATEGORY &amp; SUBPART: \_\_\_\_\_

OUTLET #: 1CONTACT OFFICIAL: Carol PaizTELEPHONE: 973-345-3503NEW CUSTOMER ID / OUTLET ID: 27220056-1

OLD OUTLET DESIGNATION: \_\_\_\_\_

MONITORING PERIOD		
Start		
10	01	08
MO	DAY	YR

End		
10	31	08
MO	DAY	YR

Average

Maximum

Regulated Flow-gal/day

Total Flow-gal/day

6050

6655

Method Used: Ending meter reading less beginning meter reading multiplied by 7.48 divided by 23 days19585 x 7.48 x .95 divided by 23 Days

PARAMETER	10-15	MASS OR CONCENTRATION			# OF SAMPLES	SAMPLE TYPE COMP/GRAB
		MON AVG	MAXIMUM	UNITS		
Cd	Sample Measurement	<0.001		Mg/l	1	Comp
	Permit Requirement	0.19		Mg/l		
Cu	Sample Measurement	0.023		Mg/l	1	Comp
	Permit Requirement	3.02		Mg/l		
Pb	Sample Measurement	0.00921		Mg/l	1	Comp
	Permit Requirement	0.54		Mg/l		
Hg	Sample Measurement	<0.0005		Mg/l	1	Comp
	Permit Requirement	0.080		Mg/l		
Ni	Sample Measurement	0.034		Mg/l	1	Comp
	Permit Requirement	5.9		Mg/l		
Zn	Sample Measurement	0.776		Mg/l	1	Comp
	Permit Requirement	1.67		Mg/l		
	Sample Measurement			Mg/l	1	<del>Grab</del>
	Permit Requirement			Mg/l		
	Sample Measurement			Mg/l	1	<del>Grab</del>
	Permit Requirement			Mg/l		
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	Sample Measurement					
	Permit Requirement					

Production Rate (if applicable)

**PRETREATMENT MONITORING REPORT**

Certification of Non-Use if applicable (use additional sheets):

NOV 21 2008

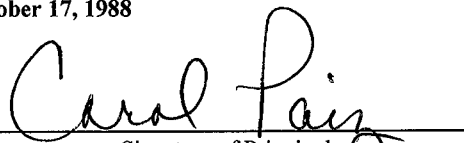
Compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every

parameter used: El Abuelito is in compliance with the rules and regulations of PVSCExplain Method for preserving samples: Metals samples taken in glass containers and preserved with nitric acid to a ph of less than 2

No te: no changes made to the plot plan for this facility

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988



Signature of Principal

Executive or Authorized Agent

Carol Paiz

General Manager

Type Name and Title

11/17/08

Date



## ANALYTICAL DATA REPORT

for  
**Abuelito Cheese**  
**607 Main Street**  
**Paterson, NJ 07503**

**Project Name: PVSC MONITORING**  
**Lab Case Number: E08-11984**

## MDL = METHOD DETECTION LIMIT

## Metals

Lab ID: 11984-001

Client ID: 01-WASTEWATER COMPOSITE

Matrix-Units: Aqueous-mg/L

Percent Moisture: 100

Date Sampled: 10/15/2008

Time Sampled: NA

Date Analyzed: 10/20/08

Parameter	Result	Q	MDL
Cadmium	ND		0.001
Copper	0.023		0.008
Lead	0.00921		0.002
Mercury	ND		0.0005
Nickel	0.034		0.004
Zinc	0.776		0.008

## General Analytical

Lab ID: 11984-001

Client ID: 01-WASTEWATER COMPOSITE

Percent Moisture: 100

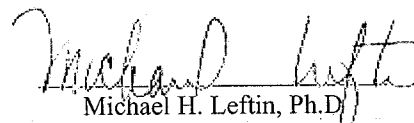
Date Sampled: 10/15/2008

Time Sampled: NA

Parameter	Result	MDL	Matrix-Units	Date Analyzed
Biochemical Oxygen Demand	12600	2.00	Aqueous-mg/L	10/17/2008 7:30
Total Suspended Solids	900	125	Aqueous-mg/L	10/21/2008 10:00

ND = Analyzed for but Not Detected at the MDL

These data have been reviewed and accepted by:

  
 Michael H. Leftin, Ph.D.  
 Laboratory Director

273 Franklin Road  
 Randolph, NJ 07869  
 Phone: 973 361 4252  
 Fax: 973 989 5288



IAL is a NELAC New Jersey Certified Lab (14751) and maintains certification in Connecticut (PH-0699), New York (11402), Rhode Island (00126), Pennsylvania (68-00773) and in the Department of Navy IR QA Program



### Abuelito Cheese Process Water Meter Reading

10/01/08 starting water meter reading 521882 cu/ft

10/31/08 ending meter reading 541467 cu/ft

541467

521882

19585 cu/ft

19585cu/ft x 7.48=146495 x.95=139171 total gallons for  
the month of October

139171 divided by 23 days= 6050 gallons per day

# NON USE CERTIFICATION MONITORING REPORT LOCAL LIMITS

NOV 4 2008

NAME: ANDARN ELECTRO SERVICE, INC.MAILING ADDRESS: 72 MICHIGAN AVENUE, PATERSON, NJ 07503FACILITY LOCATION: 72 MICHIGAN AVENUE, PATERSON, NJ 07503CATEGORY & SUBPART 413.44-D, 413.54-E, 413.64-FPERMIT #: 27200053OUTLET #: 1CONTACT OFFICIAL: DAN PATELTELEPHONE #: 523-2220

I have been authorized to certify non-use for the following heavy metals:

Arsenic	<input type="checkbox"/>	Lead	<input type="checkbox"/>	Zinc	<input type="checkbox"/>	SAMPLE DATE		
						MONTH	DAY	YEAR
Cadmium	<input type="checkbox"/>	Mercury	<input checked="" type="checkbox"/>			SEPTEMBER	2	2008
Chromium	<input type="checkbox"/>	Molybdenum	<input type="checkbox"/>					
Copper	<input type="checkbox"/>	Nickel	<input type="checkbox"/>					

PARAMETER		CONCENTRATION			SAMPLE TYPE
		RESULT	THRESHOLD VALUE EXCEEDED YES OR NO	UNITS	COMP/GRAB
Mercury	Sample Measurement	<0.0005	NO	MG/L	COMP
	Threshold Value	0.001		MG/L	
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PVSC Form MR-3 10/96



- (1) I have reviewed the analytical data on the reverse side of this form and any applicable prior forms and hereby certify that we have met the non-use certification criteria for the following heavy metals:

As <input type="checkbox"/>	Cr <input type="checkbox"/>	Pb <input type="checkbox"/>	Mo <input type="checkbox"/>	Zn <input type="checkbox"/>
Cd <input type="checkbox"/>	Cu <input type="checkbox"/>	Hg <input checked="" type="checkbox"/>	Ni <input type="checkbox"/>	

Therefore, I am required to monitor for these heavy metals only in March and September.

- (2) (a) I have reviewed the analytical data on the reverse side of this form and any applicable prior forms and hereby certify that we have not yet met the non-use certification criteria for the following heavy metals:

		*		*		*	
Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	Copper	<input type="checkbox"/>	<input type="checkbox"/>	Molybdenum <input type="checkbox"/>	<input type="checkbox"/>
Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	Lead	<input type="checkbox"/>	<input type="checkbox"/>	Nickel	<input type="checkbox"/>
Chromium	<input type="checkbox"/>	<input type="checkbox"/>	Mercury	<input type="checkbox"/>	<input type="checkbox"/>	Zinc	<input type="checkbox"/>

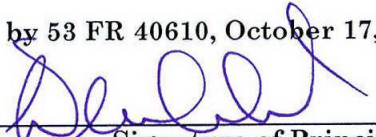
- (b) \* Means the number of additional monthly samples needed to reach 3 months in succession when the value is equal to or below the Threshold Value. I understand that I must automatically monitor for the heavy metals identified in (2) (a) above each month until the analytical results for three (3) months in succession are at or below the threshold value for that heavy metal. This will not affect my responsibility to monitor in March and September as required by Section B-103.

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6 (a)(2)(ii) revised by 53 FR 40610, October 17, 1988

10/2/2008

Date

  
 \_\_\_\_\_  
 Signature of Principal  
 Executive or Authorized Agent

DAN PATEL

PLANT MANAGER

\_\_\_\_\_  
 Type Name and Title



## ANALYTICAL DATA REPORT

for  
**Andarn Electro-Service**  
 72 Michigan Ave  
 Paterson, NJ 07503

**Project Name: PVSC MONITORING**  
**Lab Case Number: E08-10102**

MDL = METHOD DETECTION LIMIT

&lt; = LESS THAN THE MDL

## General Analytical

Lab ID: 10102-001  
 Client ID: 01  
 Percent Moisture: 100

Date Sampled: 9/2/2008  
 Time Sampled: 08:00

Parameter	Result	MDL	Matrix-Units	Date Analyzed
Cyanide, Amenable	< 0.020	0.020	Aqueous-mg/L	9/12/2008 12:27

## Metals

Lab ID: 10102-002  
 Client ID: 02  
 Matrix-Units: Aqueous-mg/L  
 Percent Moisture: 100

Date Sampled: 9/2/2008  
 Time Sampled: 15:30  
 Date Analyzed: 9/8/08

Parameter	Result	Q	MDL
Cadmium	< 0.001		0.001
Copper	0.826		0.008
Lead	0.017		0.002
Mercury	< 0.0005		0.0005
Nickel	0.454		0.004
Zinc	0.131		0.008

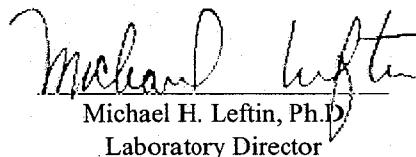
## General Analytical

Lab ID: 10102-002  
 Client ID: 02  
 Percent Moisture: 100

Date Sampled: 9/2/2008  
 Time Sampled: 15:30

Parameter	Result	MDL	Matrix-Units	Date Analyzed
Biochemical Oxygen Demand	9.00	2.00	Aqueous-mg/L	9/3/2008 15:40
Total Suspended Solids	632	50.0	Aqueous-mg/L	9/9/2008 13:00

These data have been reviewed and accepted by:

  
 Michael H. Leftin, Ph.D.  
 Laboratory Director

273 Franklin Road  
 Randolph, NJ 07869  
 Phone: 973 361 4252  
 Fax: 973 989 5288



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**INTEGRATED ANALYTICAL LABORATORIES  
CHAIN OF CUSTODY**

Phone # (973) 361-4252  
Fax # (973) 989-5288

EPA Request #: III.B.1.e.

PVSC40 - 00002551

[illegible]

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**Please print legibly and fill out completely. Ambiguities have been resolved.**

Signature/Company

Relinquished by: Paul D. [Signature]

*Carx*

Relinquished by: 

**Relinquished by:**

Relinquished by:

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Signature/Company

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### Lab C

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**Lab Case #**

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